

Given name added by supplement of ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 973

Registered No. 508

1. PLACE OF BIRTH

County

Maricopa

State

ARIZONA

Township

City

Phoenix

No.

Good Samaritan

or Village

St.

Hospital

Ward

If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child

Wanda Marilyn Young

If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Married

8. Date of birth

Mar 10, 1935
(Month, day, year)

5. Number, in order of birth

Full term

9. Full name

FATHER

Howard Robert Young

18. Full maiden name

MOTHER

Yuanita Carr

10. Residence (usual place of abode) (If non-resident, give place and state)

1309 E Osborn rd

19. Residence (usual place of abode) (If non-resident, give place and state)

same

11. Color or race

W

12. Age at last birthday

20 (Years)

20. Color or race

W

21. Age at last birthday

19 (Years)

13. Birthplace (city or place)

(State or country)

Phoenix
Ariz

22. Birthplace (city or place)

(State or country)

Wabesga
Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unemployed

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

unemployed

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Number of children of this mother time of this birth and including this child

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

If stillborn,

period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 55 P m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

R. C. Waring

M. D.

or

Midwife

Address

Filed

4/4, 1935

O. W. Young, M.D.
Registrar

Given name added from a supplemental report

(Date of)

Registrar

667-310-2359